N0600000 7218

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500255269435

02/03/14--01006--002 **35.00

SEURE NAV OF STATE

T. LEWISCO.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida Charter Foundation

Name of Corporation

DOCUMENT NUMBER: N06000007218

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Sznitken

Name of Contact Person

Florida Charter Foundation

Firm/Company

1225 SE 2nd Avenue

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

sznitken.scott@floridacharter.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sznitken

∵954 √32

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the St	ate of Florida	this	
 The name of The principal 	the corporation: Florida Charter Fo	undation nue Fort Lauderdale	FL 33316		
<u></u>	address (if different):				
4. Date of incor	poration/qualification: July 20, 2006	Document number: N	1060000072	218	
	d street address of the current registered a rtment of State: (If resigned, enter resigne		file with the		
	Dr. David Thomas			≟. ₄ــ	:;
	1630 Meadow Street			4 FEB	25.55 19.55
	Sarasota, FL 34231			ည်	14. F
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registe	ered office	4:1:4	SECTION SEASON
	Scott Sznitken			7	
	1225 SE 2nd Ave				
	Fort Lauderdale, FL 33316	acceptable			
The street address changed will	ess of its registered office and the street. I be identical.	address of the business offic	ce of its register	red agent	* *
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or tified in writing of the chang	by an officer so ge.	0	
42	mos MM A	Dr. David Thomas	oo and title		
I furtiter agrée performance of	t the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a pis document is being filed merely to reflection the corporation has been notified in	d agree to act in this capaci ites relative to the proper a ccept the obligation of my p	ty. nd complete position as regis	stered ss, I	
Sio	gnature of Registered Agent	$\frac{12/20/13}{Date}$			
~	ehalf of an entity:				
T	Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *